



THE HEALTH OF BALDOCK

1966



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BALDOCK
URBAN DISTRICT COUNCIL

MEMBERS AS AT 31st DECEMBER, 1966

CHAIRMAN OF THE COUNCIL:

A.H. Patterson

CHAIRMAN OF THE PUBLIC HEALTH COMMITTEE:

R.F. Stamford

COUNCILLORS:

J.H. Barton

T.H.C. Hopkins

B. Sykes

O. Hoeg

MEDICAL OFFICER OF HEALTH:

J.D. HALL, M.R.C.S.(Eng.) L.R.C.P.(Lond.)D.P.H.

CHIEF PUBLIC HEALTH INSPECTOR:

B.G. WILLIS, M.A.P.H.I.

P R E F A C E

Public Health Department,
Council Offices,
Baldock.

To the Chairman and Members of
Baldock Urban District Council.

Mr. Chairman, Ladies and Gentlemen:

I include in this annual report of the health of your district, details of the County Council health and school health services.

I would acknowledge in this preface my debt to Dr. Walker who retired in May 1966. Some of the work, therefore, in this report was carried out under his direction.

The population showed a natural increase of fifty three and an overall increase of sixty according to the Registrar General's estimate of the resident population for mid-1966.

There were no maternal deaths in the district during the year.

One death was recorded in children under one year of age from a total of one hundred and four live births, three of which were premature. This death was due to hypothyroidism in an infant over the age of one month. The infant was born in hospital and died in hospital.

The infant mortality rate (deaths under one year of age per thousand live births) was 9.6, much less than that for the remainder of Hertfordshire (13.9) and almost half that for England and Wales (19.0). This is a most satisfactory rate.

The perinatal mortality rate (stillbirths and deaths under one week per thousand live and stillbirths) was 28.0, higher than that for the rest of Hertfordshire (19.5) and England and Wales (26.3) and considerably higher than the mean for the North Hertfordshire division. (16.0). This excessive perinatal mortality is due to the disproportionately high number of stillbirths, the stillbirth rate (births at or over twenty eight weeks - not live born - per thousand births live and still) being 28.0, almost twice that for

England and Wales (15.4) and for the rest of Hertfordshire (11.7) and the mean of the North Hertfordshire Division (11.6). This is not a satisfactory position but rates calculated on relatively small total births are not of the highest statistical validity and no investigation is required.

The corrected birth rate was 16.1, slightly lower than that for the remainder of Hertfordshire (16.3). The corrected death rate was 10.1, identical with that for the remainder of Hertfordshire (10.1).

The total deaths were fifty one, of which eighteen were due to diseases of the heart and blood vessels, thirteen to cancer of varying sites, three to vascular lesions of the nervous system, and eight due to diseases of the respiratory system. These correspond to rates of 2.6 (mean of the North Hertfordshire division 2.9, Hertfordshire 3.1) 1.9 (mean of the North Hertfordshire division 1.8, Hertfordshire 1.9) 0.4 (mean of the North Hertfordshire division 1.2, Hertfordshire 1.3) and 1.1 (mean of the North Hertfordshire division 0.7 and Hertfordshire 1.2. These rates are in general lower than the remainder of the division and Hertfordshire, but calculated on such small numbers no significant deductions can be made from such small numbers of deaths.

No deaths occurred from tuberculosis or from infective or parasitic diseases.

No deaths occurred from car accidents and three occurred from other types of accidents.

There were eight illegitimate births with no deaths.

In the period September to December 1966, two deaths from Leptospirosis (Weil's Syndrome) occurred in a one mile area of North West Hertfordshire. Both were in men of late middle age, and both were farm labourers. Their deaths were due to infection by a bacterium *Leptospira*, a genus of the Order Spirochaetales.

In January 1967, two further suspected cases were reported, one in the same area as the two deaths and one three miles to the North. These cases recovered and blood tests showed no conclusive evidence of active infection.

Leptospirosis is one of the zoonoses, a group of diseases naturally transmitted between vertebrate animals, into which animal cycle man intrudes incidentally. The death rate in man from this disease varies between 10-30%, a rate greatly higher than, for example, typhoid fever and equal to that of smallpox, and is dependent on such factors as the dose of infection, the virulence of the particular strain of infecting leptospira, the resistance and immunity of the infectee, and the latter's age and general state of health.

Although many different animals are hosts (vectors) of leptospira, outbreaks of Weil's Syndrome in man are almost invariably associated with the common brown rat (rattus norvegicus), infection being transmitted by rats' urine to food, soil, water and then to man.

An abnormally high infestation of rats in every district of North Hertfordshire was known since the first death, and the second death occurred in spite of the concentration of all resources upon rat destruction. Higher infestations elsewhere in England have been reported to me by the Ministry of Agriculture, but this area was unique in its two deaths within a confined area.

It remained, therefore, to confirm the hypothesis that within a circumscribed area an epidemic of Leptospirosis was present in the rats themselves and that elsewhere in the County the condition was a quiescent or endemic one in those animals. It remained also to discover whether in fact, undiagnosed cases had occurred elsewhere.

To test this possibility live rats were trapped in random areas of Baldock, Letchworth, Royston, Stevenage, and the areas of Hitchin Rural District surrounding those towns and examined for the presence of live leptospira. Enquiries were made throughout North Hertfordshire to discover missed cases of leptospirosis; none were found.

It is not possible therefore to explain the misfortune of the two isolated deaths. It may be presumed however, that both received a particularly heavy dose of infection with a virulent strain of leptospira.

The public were asked in a special press release to take the following precautions:

1. House surrounds, gardens and out-buildings to be kept tidy, clean and swept. All accumulations of rubbish likely to harbour rats to be destroyed.
2. No food remnants to be placed in open dustbins and no food to be thrown on the ground for birds or pets.
3. Agricultural workers and gardeners to take special care not to eat any food after work without washing and scrubbing the hands. Water from ponds, ditches, surface springs etc., not to be drunk or allowed to come into contact with a wound, and all cuts etc. to be covered. The washing of gumboots etc. to be performed with main's supply water only.
4. The hands to be thoroughly washed after contact with any animal; dead rats not to be picked up with ungloved hands and the presence of rats to be reported to the public health department.

A tribute must be paid to the editors of the local newspapers for the most valuable co-operation I was given at this time.

There is no doubt that rat infestation throughout England is now a bigger problem than ever before. Numbers of rats in 1966 were known by the Ministry of Agriculture to have reached alarming proportions. Significant factors are diminishing numbers of rat predators for example hawks, falcons, pole cats, stoats and weasels; ample food supplies in the fields due to combine harvesting methods, and regrettably in certain areas a lack of attention paid by farmers to rat eradication. In this area, for example, infestation of a stretch of the Great North Road, which must have been apparent to road workers and farmers, was not reported to any public health authority, and was revealed only by a personal visit by a chief public health inspector.

It is quite impossible for any medical officer of health or public health inspector to control rats without the co-operation of such members of the public as farmers. I am however, grateful for the large number of cases of rats reported to me by ordinary inhabitants of the area and this help was of fundamental importance.

The Health Visitors, District Nurses, and Midwives are now attached to family doctors. It is hoped that this attachment will be to the benefit of the community in creating a better understanding of the latter's needs. The closer association of both hospital and

and general practitioner services with the local authorities, has been a welcome development over the past few years. The suspicion with which many family doctors in the past regarded the establishment of Health Centres would appear to be disappearing, and during the year plans were formulated to establish a group of general practitioners in a new clinic to be built in the area. There is no doubt that the trend in the health services as a whole is to the ever closer co-operation between its three main branches.

A case of paralytic poliomyelitis occurred at the end of July in the divisional area. Forty six contacts were traced and all were given oral vaccine and kept under surveillance by the health visitors. Several of the contacts were resident in London and other areas outside the County, and their medical officers of health were informed. No further cases have occurred.

During this outbreak certain members of the public became unduly alarmed, and use of the swimming baths was questioned; such recreation is not contra-indicated in the minor epidemics of poliomyelitis.

Clinical surveillance of poliomyelitis contacts is the most important single measure in controlling an outbreak; the giving of oral vaccine is unlikely to affect the course of an epidemic of a disease in which the incubation period is variable and may be extremely short. The closure of swimming baths, cinemas, schools, etc., in general serves no purpose.

During 1966 cervical cytology clinics were established in the division. The public responded to such an extent that in certain areas waiting lists for appointments were as long as four months. The number of clinics that can be established for this purpose are limited by the availability of medical staffs and by the number of smears that the hospital can examine. Medical recruitment to the Public Health service has for some time presented a problem which is not easing. It should be remembered also that the medical officers carrying out this work require special training.

Measles is now the commonest infectious disease of childhood. although it only rarely produces deaths it is responsible for much school absence and in certain cases is followed by complications which may be long lasting. Vaccination against measles became possible following the isolation of the measles virus and the development of an attenuated strain. The early vaccine made from this strain was accompanied by rashes and a rise of temperature in many cases. Further vaccines have been produced which would appear not to have these side effects and the possibility of measles vaccination on a wide scale now exists. Discussions as to its use are still taking place but it would appear that after further trials, measles vaccination may become a routine part of the childhood immunisation and vaccination programme.

I wish to record my thanks to Mr. Willis, Chief Public Health Inspector, for his work and co-operation during the year. I am most grateful for the help I received on my arrival to take up my appointment. In this short preface it is not possible to mention all those members of the medical and administrative staffs, both of your district and of the County Council, whose efforts I have so greatly appreciated. My thanks are particularly due to the staff of the Divisional Health Office who have made the preparation of this report possible.

I remain,

Your obedient servant,

J.D. HALL,

Medical Officer of Health.

Divisional Health Office,
Bedford Road,
HITCHIN, Hertfordshire.

Telephone number:
(Hitchin 50411)

SECTION "A"

NATURAL AND SOCIAL CONDITIONS

OF THE AREA

(a) GENERAL STATISTICS

Area (in acres )	.....	542
Registrar-General's estimate of Resident Population Mid-1966.....		6,810
Number of inhabited houses at 31st December, 1966	.....	1,920
Rateable value	.....	£344,979
Net product of 1d.rate	.....	£1,345

(b) PHYSICAL AND SOCIAL CONDITIONS

The Registrar General's estimate of resident population for mid-1966 reveals an overall increase of sixty. The natural increase of population i.e. excess of births over deaths for the year was fifty three.

The number of private houses provided by new construction during 1966 was sixteen. Ninety three caravans were sited in the district, all on approved sites.

The population in the area is engaged mainly in manufacturing industries and the supporting service industries. A small proportion is engaged in agriculture and forestry. The largest single group is concerned in the manufacturing of engineering, electrical goods and similar metal manufacturing. Other occupations are vehicles, textiles, clothing, footwear, printing and publishing.

It would appear that Baldock was an important Roman station, a British one before that, and a Saxon after. The excavation of a Roman cemetery in Wall's Field produced many domestic items relating to the Roman era, and together with weapons etc. these implements are now housed in the Letchworth Museum.

The land was granted to the Knight Templars who built a church there in about the year 1,200, and also a Leper Hospital. The weekly market and annual fair appear to have been established at that time. The name of Baldock was also given by the Knight Templars, derived through old French from Baghdad. In 1312, at the time of the

suppression of the Knight Templars by the Pope, Baldock was acquired by the Order of the Knights of St. John of Jerusalem, known as the Knight Hospitaller. It was in 1895 that Baldock became an urban district.

One of the rectors of Baldock, John Smith, was the first to decipher and transcribe the shorthand of Pepy's diary. He completed this task when an undergraduate at Magdalen College, Cambridge.

The roads converging on Baldock have played an important part in the history of Baldock. The location of this town is no doubt due to its position at the meeting point of the Icknield Way and the Roman Road of Stane Street. The Great North Road runs through the town. When this section of the road was turnpiked in 1720 Baldock prospered even more; because then - in addition to being a centre for malting and brewing - travellers increased, and with the influx of more people more inns were built and the trades and occupations catering for the travellers were expanded. Today the traffic presents an ever increasing problem: and only the extension of the motorway to by-pass Baldock can prevent this town being blocked by the traffic - to which it originally owed a great part of its prosperity.

There is a large factory manufacturing lingerie and nearby is the Letchworth Industrial Estate which provides employment for many residents of Baldock.

BALDOCK VITAL STATISTICS 1966

LIVE BIRTHS-

	MALES	FEMALES	TOTAL
Total	57	47	104
Legitimate	53	43	96
Illegitimate	4	4	8
Live Birth Rate (uncorrected) per 1,000 population	-	-	15.2
Live Birth Rate (corrected) per 1,000 population	-	-	16.1
Illegitimate live births percentage of total live births	-	-	7.7

STILL BIRTHS-

	MALES	FEMALES	TOTAL
Total	-	3	3
Rate per 1,000 live and still-births	-	-	28.0
Total live and still-births ..	57	50	107

DEATHS OF INFANTS UNDER 1 YEAR OF AGE-

	MALES	FEMALES	TOTAL
Total		1	1
Legitimate	-	1	1
Illegitimate	-	-	-
Infant Mortality Rate per 1,000 live births	-	-	9.6
Legitimate Infants per 1,000 legitimate live births	-	-	10.4
Illegitimate Infants per 1,000 illegitimate live births	-	-	0.00
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	-	-	0.00
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births) -	-	-	0.00
Perinatal mortality rate (still-births and deaths under 1 week combined per 1,000 total live and still-births ..	-	-	28.00

MATERNAL MORTALITY, INCLUDING ABORTION-

Number of deaths	-	-	-
Rate per 1,000 total live and still- births	-	-	0.00
TOTAL DEATHS	34	17	51
Death Rate (uncorrected)	-	-	7.4
Death Rate (corrected)	-	-	10.1
Natural increase of population			53

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1966 IN THE URBAN DISTRICT OF BALDOCK

General Register Office, Somerset House, Strand, London, W.C.2.

[illegible]

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1966 IN THE
URBAN DISTRICT OF BALDOCK
 General Register Office, Somerset House, Strand, London, W.C.2.

ICD No.	CAUSE OF DEATH	Sex	Total all Ages	Under 4 Weeks	4 Weeks and Under 1 Year	AGE IN YEARS								
						1-	5-	15-	25-	35-	45-	55-	65-	75 & over
540-541	26. Ulcer of the Stomach and Duodenum	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	1
610	29. Hyperplasia of Prostate	M	1	-	-	-	-	-	-	-	-	-	-	1
OC1-795	32. Other Defined and Ill-Defined Diseases	M	1	-	-	1	-	-	-	-	-	-	1	-
		F	2	-	1	-	-	-	-	-	-	-	-	-
Rem E8C0-E899	34. All other Accidents	M	3	-	-	-	-	2	-	-	-	1	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ALL CAUSES:		M	34	-	-	1	-	2	-	1	3	11	7	9
		F	17	-	1	-	-	-	1	-	1	-	3	11

INFANT DEATHS

BALDOCK

Place of Birth	Date of Birth	Cause of Death	Age	Birth Weight	Age of Mother	Died at	Sex	Legit	Illegit
North Herts Maternity Unit	4. 1. 66.	Hypothyroidism	3 months	6lbs.5ozs	33	Lister Hospital	F	-	

B A L D O C K

	District 1966	North Hertfordshire Division	Hertfordshire	England and Wales
Population	6,810	147,470	872,100	48,075,300
Live Births(Crude)	15.2	19.2	17.3	17.7
Live Births(Corrected)	16.1	*	16.3	*
Death Rate - All causes Crude	7.4	8.4	9.1	11.7
Death Rate - All causes Corrected	10.1	*	10.1	*
Infective & Parasitic Diseases-excluding Tuberculosis, but in- cluding Syphilis and other V.D.	0.00	0.06	0.03	*
Tuberculosis - Respiratory	0.00	0.04	0.03	0.04
Other Forms	0.00	0.01	0.01	0.01
All Forms	0.00	0.01	0.03	0.05
Cancer	1.9	1.8	1.9	2.2
Vascular lesions of the Nervous System	0.4	1.2	1.3	*
Heart and Circu- latory Diseases	2.6	2.9	3.1	*
Respiratory Diseases	1.1	0.7	1.2	*
Maternal Mortality	0.00	0.00	0.3	0.3
Infantile Mortality	9.6	11.6	13.9	19.0
Neo Natal Mortality	0.00	6.3	9.3	12.9
Early Neo Natal Mortality	0.00	4.5	7.9	11.1
Perinatal Mortality	28.0	16.0	19.5	26.3
Still-births	28.0	11.6	11.7	15.4

* Not available.

DIVISIONAL VITAL STATISTICS 1966.

<u>LIVE BIRTHS:</u>	<u>Males</u>	<u>Females</u>	<u>TOTAL</u>
<u>Total</u>	1,448	1,385	2,833
Legitimate	1,362	1,294	2,656
Illegitimate	86	91	177
Live Birth Rate (uncorrected) per 1,000 population	-	-	19.2
Live Birth Rate (corrected) per 1,000 population	-	-	*
Illegitimate live births percentage of total live births	-	-	6.2

STILL-BIRTHS:

<u>Total</u>	14	19	33
Rate per 1,000 live and still-births	-	-	11.6
 <u>Total live and still-births</u>	 1,462	 1,404	 2,866

DEATHS OF INFANTS UNDER 1 YEAR OF AGE:

<u>Total</u>	18	15	33
Legitimate	16	14	30
Illegitimate	2	1	3
Infant Mortality Rate per 1,000 live births	-	-	11.6
Legitimate Infants per 1,000 legitimate live births ...	-	-	11.3
Illegitimate Infants per 1,000 illegitimate live births ...	-	-	16.9
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	-	-	6.3
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	-	-	4.5
Perinatal mortality rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)	-	-	16.0

MATERNAL MORTALITY, INCLUDING ABORTION:

Number of deaths	-	-	NIL
Rate per 1,000 total live and still-births	-	-	0.00

<u>TOTAL DEATHS:</u>	631	617	1,248
Death Rate (uncorrected) ...	-	-	8.4
Death Rate (corrected) ...	-	-	*
Natural increase of population	-	-	1,585
Overall increase of population			3,550

* Not available.

DIVISIONAL VITAL STATISTICS.

In any discussion on vital statistics it must always be remembered that relatively small populations do not always provide the soundest basis for comparative purposes. It may, therefore, be of more value to consider the rates for the North Hertfordshire division as a whole, consisting as it does of a population of almost 150,000. Deductions based on such numbers may be considered to be reasonably valid. Minor fluctuations in rates, however, from year to year should not be considered too seriously but observation of the overall trend over a period of years is of value. Crude rates, such as a crude death rate are relatively invalid for comparative purposes, since they are affected by population structure as to age and sex: ageing populations for example living in the most healthy surroundings would exhibit a higher crude death rate than a young population living in an industrial area.

LIVE BIRTHS:

A total of 2,833 live births occurred in 1966, 177 of which were illegitimate. 6.2% of live births were, therefore, born to unmarried mothers. For some years the number of live births has progressively increased over the country as a whole with minor fluctuations. Births in social classes I, II, III (Registrar General's Classification) are now becoming more numerous with a tendency for births in the classes IV and V to decrease. This is an interesting trend. The age at marriage continues to decrease without a corresponding increase in births. The birth rate for the division was 19.2, in excess of that for the remainder of Hertfordshire (17.3) and for England and Wales (17.7).

The birth rate corresponded to an overall increase in population based on the Registrar General's estimate of population for mid-1966 of 2,550 the natural increase i.e. excess of births over deaths being 1,585. The birth rate is expressed as the number of live births per thousand of the mid-year population both male and female and is proportionate to the number of women of child-bearing age; to overcome this difficulty, an area comparability factor is applied to crude rates. The birth rate is not, however, an accurate index of fertility. The rising trend in live birth rate has been accompanied by a general rise over the whole country of illegitimate births.

DEATHS:

The death rate for the division from all causes was 8.4, Hertfordshire 9.1, England and Wales 11.7. The rate in North Hertfordshire, therefore, is less than that for the remainder of the County and markedly less than the country as a whole. The commonest causes of death for England and Wales in descending order are as follows: Heart and Circulatory Diseases, Cancer, Vascular Lesions of the Nervous System and Respiratory Diseases, and the deaths in this division followed this ranking. The very low death rate from respiratory diseases (0.7/1000), (Hertfordshire 1.2) is of interest. This rate includes bronchitis and pneumonia, but excludes cancer of the lung. This rate may be a reflection of the superiority of the environment compared with the industrial areas of the North, where respiratory diseases are often the second commonest causes of death. It should be emphasised also that the death rate from respiratory diseases is half that for the rest of Hertfordshire.

INFANT MORTALITY:

The infant mortality rate represents the number of children dying under the age of one year per thousand live births. The rate for the division of 11.6, Hertfordshire 13.9, England and Wales 19.0 was most satisfactory. The infant mortality rate has proved a most useful measure of the risks during infancy in the past. It has provided an index of the relative well being of communities. The reduction in such rates from 150 per 1,000 in England and Wales in the early years of this century to the present rate of 11.7 reflects the great improvement in environment, and health service provisions that have occurred. This rate, however, is perhaps most useful when employed as a vital statistic in emergent or relatively primitive communities and is not the most satisfactory guide to the standard of maternal care.

After the first month of life accidental mechanical suffocation, bronchitis and pneumonia are the most important conditions contributing to post neonatal death rates and sudden death is a particular hazard of the post neonatal period. Banks, (1958) found that such deaths

represented 20% of all infant deaths. The report of Enquiry into Sudden Death in Infancy (1965) was concerned with a study of over 200 sudden deaths in infants aged between two weeks and two years. The enquiry revealed that the peak incidence of cases of sudden unexplained deaths in infancy was in the two to three months age group; 60% of cases were found by the parents in the morning; 38% of 102 cases were found with mouth and nose completely or partially covered by bedding; there was a greater prevalence during Winter; a history of preceeding respiratory infection was frequently given; pillows and mattresses in fatal cases were usually soft. Certain social factors were discovered, a higher percentage of illegitimate births, poorer types of home, younger mothers, tendency to overcrowding. Cows milk proteins were demonstrated in the lungs of 42% of 60 unexplained cases of sudden death. No firm conclusions were drawn in the report. The findings suggest the following as factors in causation, early bottle feeding, hypersensitivity to cows milk, soft pillows and recent infection.

The risk of unexplained sudden death before the age of two years may be compared with the risk to a child under five dying in a road accident.

The former risk is twice that of the latter. Such measures as the avoidance of pillows for young infants and early breast feeding together with the realisation of the risks of respiratory infections to young children might do much to lessen the incidence of this condition.

PERINATAL MORTALITY:

Infant mortality rates are now over-weighted by those deaths occurring under the age of one month (neonatal). This combination of neonatal deaths within the infant mortality rate has the effect of reducing the apparent rate of decline of the latter. There is also a tendency as the neonatal rate increases for the stillbirth rate to diminish and it may be a fair assumption that the borderline between stillbirth and survival for the first week or month of life is to some degree artificial.

The perinatal rate, stillbirths and deaths under one week per thousand live and stillbirths, was introduced to overcome the latter difficulty.

The greater number of perinatal deaths are due to prematurity; the problem, therefore, is rather one of the hazards of childbirth to the foetus than of any deficiencies in the community as a whole. The continuing low maternal mortality rates reveal that pregnancy is comparatively less dangerous for the mother. The National Birthday Trust Fund Report stressed the categories of high risk mothers, which included a previous history of abortions, premature births or stillbirths, past histories of toxæmia, ante-partum haemorrhage and caesarean section.

The report concluded that the perinatal mortality would be greatly reduced if the following standards were adopted:

- (a) Primigravidae and multiparae with a first stage of 24 hours or more and women with any abnormality including rhesus antibodies to be confined in hospital.
- (b) Immediate delivery to be effected in primigravidae and multiparae with second stages lasting one to two hours.
- (c) Hospital delivery for those women whose membranes had been ruptured for 24 hours.
- (d) Greater care of the infant during the inter-natal and immediate post-natal periods with early diagnosis of foetal distress and prompt resuscitative measures. It is of interest in this regard that post mortems carried out on 93% of perinatal deaths in March, 1958, showed that 30% were due to intra-partum anoxia.

The dominant factor in perinatal mortality is prematurity; although premature infants make up only 7% of all births, they provide over half the number of stillbirths and 60% of first week deaths each year. The definition of prematurity as a birth weight of $5\frac{1}{2}$ lb. or less does not distinguish between a small baby born at term and a true premature infant. It is perhaps preferable to employ the term "low birth weight". Those premature infants who survive tend to have a higher incidence of physical and intellectual handicaps.

The Annual Report of the Chief Medical Officer of the Ministry of Health contains some interesting statistics on prematurity and refers to the great deal of attention paid to this problem in recent years. It stresses that not only should premature infants be kept alive but that the handicaps to which their birth exposes them should be diminished.

Full understanding of the causation of prematurity is still ill-understood. Obstetric factors such as preeclampsia and ante-partum haemorrhage are all associated with low birth weight. Such factors as smoking, working during pregnancy and previous unsuccessful conception have all been linked with prematurity.

High standards of ante-natal care are required to prevent the onset of premature labour, special baby care units should now be a part of all maternity units throughout the country. These units containing specialist paediatric and nursing teams provide the best chance that the premature infant has, both to survive and to develop normally.

A major cause of death in low-birth rate infants for, example, is the respiratory distress syndrome. Premature infants of all weights have a particularly high mortality within twenty-four hours of birth. The lower the birth weight of premature infants the greater the risk.

The perinatal mortality rate for the division was 16.0, Hertfordshire 19.5, England and Wales 26.3, and may be considered satisfactory. The stillbirth rate i.e. births at or over 28 weeks, not live-born, per thousand births live and still was 11.6, Hertfordshire 11.7, England and Wales 15.4.

TUBERCULOSIS:

The death rate for tuberculosis was 0.03, (Hertfordshire 0.03, England and Wales 0.04). The rate remains at a satisfactorily low level with a total of 7 deaths. Continuance of such low rates must not, however be an encouragement to relax the efforts at eradication, particularly in view of the presence of increasing numbers susceptibles. Contact tracing, B.C.G. vaccination, the use of diagnostic radiology must continue.

INFECTIVE AND PARASITIC DISEASES:

The rate for these diseases including all infectious conditions but excluding tuberculosis and including venereal diseases was 0.06, (Hertfordshire 0.03) with a total of 9 deaths.

CANCER:

The death rate for cancer of all sites was 1.8, Hertfordshire 1.9, England and Wales 2.2, with a total for the division of 317 deaths, 25% of which were due to cancer of the lung with a total of 81 deaths, 66 in men and 15 in women; 8% to cancer of the stomach (26 deaths); 7% to cancer of the breast (21 deaths) and 3% to cancer of the uterus. There were 7 deaths from leukaemia. A general increase in the incidence of cancer has occurred in most European countries, with varying changes in types.

Intestinal cancer has decreased in both sexes. Cancer of the pancreas, ovary and fallopian tubes has increased. Cancer of the uterus has declined. Women with one or no children are more likely to suffer from cancer of the uterus than cancer of the cervix. One in twenty of all women may expect to contract cancer of the breast. It has been estimated that the bearing of two or three children reduces the likelihood of breast cancer developing after the age of 45 by one fifth and that four or more children reduce it by two fifths.

Deaths from lung cancer continue to increase each year. In 1965, 755 more deaths occurred in men in England and Wales than in 1964 and in females 272. It must be emphasised that the major factor in such deaths is cigarette smoking. It is difficult to accept the evidence that less people are smoking than before but there is no doubt that of those who do, many acknowledge and accept the risk. There is sound evidence that the risk of deaths from lung cancer falls substantially within the few years of ceasing to smoke and becomes progressively less as the years of non-smoking accumulate.

A number of surveys in England and Wales have shown that at the age of twelve, 10% of boys, at the age of thirteen 20% and at the age of fourteen 33% of boys smoke regularly. As many as 3% of seven year olds may smoke and 60% of school leavers. The incidence of smoking is higher in

Secondary Modern than in Grammar Schools and is always higher in boys than in girls. The causation in children has been studied and it appears that social pressures, imitation of elders and a wish for adult status play a role. There is a known positive association between parents' and children's smoking habits. It was as a result of such surveys that it was suggested that health education programmes in this direction should be centered on the primary schools. There is some evidence, however, recently, that less school children are smoking than these surveys would suggest.

It should be emphasised that cancer of the lung is now the most common type of malignant disease and represents a major health hazard. In the last thirty years deaths from this cause have increased eight-fold in men and three to four-fold in women. A general upward trend in deaths from cancer of the breast continues and now represents the third commonest type of cancer.

VASCULAR DISEASES OF THE NERVOUS SYSTEM:

The death rate from these causes was 1.2, (Hertfordshire 1.3) with a total of 190 deaths and represents the third commonest cause of death, both in the country as a whole and in this area. Variations from year to year are slight and no upward or downward trend is discernible. Such deaths include 'strokes' due to cerebral haemorrhage, thrombosis or embolism and mortality increases progressively with age.

HEART AND CIRCULATORY DISEASES:

The rate for this division was 2.9, slightly less than for the remainder of Hertfordshire (3.1) with a total of 433 deaths. This group of diseases represents the commonest cause of death in the country and includes coronary heart disease and angina. The mortality from these causes is appreciably higher between the ages of 45 to 54 years in men, the productive years.

DISEASES OF THE RESPIRATORY SYSTEM:

The death rate from respiratory disease in the division was 0.7, half that for Hertfordshire (1.2) with a total of 144 deaths. The lowness of this rate reflects the very satisfactory living conditions and the lack of atmospheric pollution in North Hertfordshire. It does not, however, indicate that the provision of smoke control areas is unnecessary.

MATERNAL MORTALITY:

There were no maternal deaths in the divisional area of North Hertfordshire in 1966, a most satisfactory state of affairs. The report on the Confidential Enquiries into Maternal Deaths in England and Wales for the years 1961 to 1963 was published in 1966. The report showed that deaths due to pregnancy or child-birth were most commonly due to abortion and that toxæmia and hæmorrhage as causes of death were now less common. The deaths following abortion were due to hæmorrhage, sepsis or embolism and the report suggested that some of these deaths might have been avoided by early treatment or by the use of "flying squads", although it also suggested that many represented a large and serious social problem. The report showed that nearly one third of maternal deaths occurred in the early part of pregnancy, before the child could be considered capable of life. It showed also that the risk of death during pregnancy or child-birth is greatest in women with an obstetric or medical abnormality, in women aged 35 or more bearing their fifth or subsequent child and women pregnant for the first time who were more than 30 years of age. The report also suggested that girls under the age of 16 were subjected to greater than average risks. The report also drew attention to the fact that in the two years, 1961 to 1963, 3,211 maternities occurred amongst girls of fifteen or less with four maternal deaths, indicating the risks to young mothers of pregnancy.

S E C T I O N ' B '

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

DIVISIONAL MEDICAL OFFICER AND MEDICAL OFFICER OF HEALTH:

Dr. J.D. Hall

ASSISTANT COUNTY MEDICAL OFFICERS:

Dr. S.J. Moynihan	Dr. P.T. Horder
Dr. D.M. Batty	Dr. A.T. Leaver

PART-TIME MEDICAL OFFICERS:

Dr. H.I.L. Hall	Dr. E.E. Walton
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DIVISIONAL WELFARE OFFICER:

Mr. H.T.W. Matthews

DIVISIONAL NURSING OFFICER:

Miss S.H. Kestin

DEPUTY DIVISIONAL NURSING OFFICER:

Miss V. Nichol

CHIEF CLERK:

Mrs. M.E. Scott

DEPUTY CHIEF CLERK:

Mrs. E. Trinder

SECRETARY TO DIVISIONAL MEDICAL OFFICER

Mrs. A. Tytler

OPHTHALMOLOGIST:

Dr. S. Anandarjan

PSYCHIATRISTS:

Dr. R.M. Gabriel	Dr. O. Roper
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AUDIOLOGIST:

Dr. M. V. Bickerton

HOME HELP ORGANISER:

Mrs. O.M. Benton

HEALTH VISITORS AND NURSING STAFF:

Miss B. Armitage	Mrs. M.W. Klenner
Miss M.E. Aylett	Miss M.E. Lane
Mrs. I. Baggs	Mrs. M. Lanham
Miss W.M. Baldwin	Miss J. Lentieul
Mrs. P. Ball	Miss M. MacArthur
Mrs. S.O. Ball	Mrs. S.E. Massey
Mrs. K. Barratt	Miss E.M. McClay
Mrs. E. Bates	Mrs. A.E.M. McGraa
Miss A.E. Bemment	Mrs. L.M. McIntyre
Miss V.M. Bennett	Miss F.D. McNamara
Mrs. S. Bentley	Mrs. Z.E. Mills
Miss N. Bumfrey	Miss K. Muggeridge
Miss A.M. Bunton	Mrs. J.I. Nicholls
Mrs. D.M. Burgess	Mrs. J. Noakes
Miss J.M. Butler	Mrs. C. Nutt
Mrs. M. Carney	Mrs. J. Oyefeso
Miss E. Chaytor	Miss A.D. Phillipson
Mrs. A.K.M. Clowser	Miss A. Phipps
Miss J. Crew	Miss C.Y. Poon
Miss E. Collier	Miss E.L. Read
Mrs. D. Cooper	Miss F. Redknapp
Miss E.M. Cooper	Mrs. D.M. Rendle
Miss G. Crisp	Mrs. H.J. Richards
Mrs. M.B.M. Crisp	Mrs. D. Robbins
Mrs. P.J. Crosskell	Mrs. E. Rogers
Mrs. E.G. Dickinson	Mrs. F.B. Russell
Mrs. J. Doyle	Mrs. M.P. Sayer
Miss V.P. Dudley	Miss N. Scrivens
Mrs. N. Edwards	Miss S. Seal
Mrs. V.M. Fraser	Mrs. S. Selves
Mrs. I.M. Futter	Miss M.E. Shells
Mrs. H. Gilchirst	Mrs. D.M. Sickler
Mrs. V.S. Gardner	Miss D.M. Sisman
Miss P. Ghadimi	Miss J.M. Steer
Mrs. H.B. Grant	Mrs. D.A. Stephens
Mrs. D. Grose	Miss E. Stoba
Mrs. E.R. Hague	Miss M. Tiley
Mrs. A.M. Hall	Miss D.M. Tolchard
Mrs. G.E. Harvey	Miss P.M. Tomkies
Mrs. C. Henderson	Miss D.B. Wagland
Miss M.L. Hibbert	Mrs. M.J. Wall
Mrs. H. Holding	Mrs. D. Warner
Mrs. J. Hook	Miss M. Wells
Miss R.P. Hulks	Miss E.F. Wilkinson
Mrs. N. Jarvis	B.M. Wood
Mrs. C. Kay	Miss M. Wood
Mrs. M.C. Kemp	Mrs. V. Worrall
Mrs. G.W. Kirby	Mrs. A.V. Wright
Mrs. J. King	

ORTHOPTIST:

Mrs. D. Bottoms

SPEECH THERAPIST:

Mrs. M. Evesham

TRAINING CENTRE SUPERVISORS:

Mrs. A. Howie Mr. J. Power

MENTAL WELFARE OFFICERS:

Mr. A.E. Nwosu	Miss M.Z. Walkey
Miss E.M. Morris	Mr. J.W. Crick
Mrs. J. Smith	Miss P.M. White

PART-TIME CHIROPODISTS:

Mr. W. D. Crawford	Mrs. M. W. Read
Mr. R. W. Hawkes	Mr. A. Shepherdson
Mr. R. Hulks	Mr. A. H. Steer
Mr. T. S. McConnell	Miss K. M. Tansley
Mr. A. E. Read	Mrs. S. A. Topham

SECTIONAL CLERK:

Miss F.E. Fossett

CLERKS:

Mrs. J. Clark	Mrs. J. R. Rendo
Miss S. Daniels	Miss C.M.J. Spencer
Mrs. J. Hessey	Mrs. P. Thirlwell
Miss C. Harvey	Miss A. Tuley
Miss J. Howell	Miss S. J. Warner
Mrs. B. E. Hughes	Mrs. E. Wigg
Mrs. D. Lewis	

CHILD GUIDANCE SECRETARY:

Miss P.J. Waller

HOME HELPS:

54 Home Helps

ANTE-NATAL INSTRUCTION CLASSES

Clinic	No. of attendances.					
Baldock	..	..	..	..	..	102
Hitchin	..	..	..	..	..	333
Letchworth.. ..	..	..	..	..	..	277
Royston	..	..	..	..	..	389
Stevenage	..	..	..	..	..	1,160
TOTAL						<u>2,261</u>

LOCAL HEALTH AUTHORITY SERVICES

Care of Mothers and Young Children - Section 22

ANTE-NATAL CLINICS:

I.W.C. Pinnocks Lane, Baldock.	Monday 2.30 p.m. - 3.00 p.m.
G.P. Surgeries Hitchin	Friday afternoons 2.00 p.m. - 4.00 p.m. Tuesday Afternoons 1.30 p.m. - 4.00 p.m.
G.P. Surgeries Letchworth	Thursday afternoons 2.00 p.m. - 4.00 p.m. Tuesday afternoons 2.15 p.m. - 3.15 p.m.
G.P. Surgeries Royston	By arrangement
G.P. Surgeries Stevenage	Mondays and Fridays 2.00 p.m. - 4.00 p.m.

ATTENDANCES:

Clinic	No. of patients who attended	No. of Attendances
Baldock	67	67
Hitchin	177	277
Letchworth.....	300	768
Royston	18	27
Stevenage	709	7,383
TOTAL	1,271	8,522

Antenatal care is carried on by midwives and general practitioners.
There were 2,866 live and stillbirths in the divisional area in 1966

FAMILY PLANNING CLINICS

The Hitchin branch of the Family Planning Association have the use of the Hitchin clinic. Sessions are held on:

Tuesdays : 1.30 p.m. - 3.00 p.m.
(except August and Christmas and
Easter Week.)

Wednesdays 7.00 p.m. - 8.00 p.m.
(2nd and 4th in each month)
including August.

Thursdays: 9.30 a.m. - 10.30 a.m.
By appointment only.

The Association is shortly to commence a session each week at the Letchworth Clinic.

INFANT WELFARE CLINICS:

I.W.C. Pinnocks Lane, Baldock.	Wednesday 2 - 4 p.m.	Dr. S.J. Moynihan
I.W.C. Bedford Road, Hitchin.	Mondays & Fridays 2 - 4 p.m.	Dr. D.M. Batty
Community Centre, Woolgrove Road, Walsworth, Hitchin.	2nd and 4th Wednesdays 2 - 4 p.m.	Dr. H.I.L. Hall
Oakfield Estate, (Mobile) Hitchin.	2nd Thursday	Dr. D.M. Batty
I.W.C. Nevells Road, Letchworth.	Mondays & Thursdays 2 - 4 p.m.	Dr. S.J. Moynihan
Community Centre, Middlefields, Letchworth.	2nd and 4th Mondays 2 - 4 p.m.	Dr. H.I.L. Hall
I.W.C. Lady Dacre Room, Market Hill, Royston.	1st Tuesday 2 - 4 p.m.	Dr. E.E. Walton
I.W.C. Southgate, Stevenage.	Mondays & Thursdays 2 - 4 p.m.	Dr. P.T. Horder
I.W.C. 27 High Street, Stevenage.	Tuesday 2 - 4 p.m.	Dr. H.I.L. Hall
Lodge Farm Health Annexe, off Mobbsbury Way, Stevenage.	Monday, Wednesday & Thursday 2 - 4 p.m.	Dr. P.T. Horder
Pearmtree Health Annexe, off Hydean Way, Stevenage	Tuesday & Wednesday 2 - 4 p.m.	Dr. A.T. Leaver
I.W.C. St. Peter's, Broadwater, Stevenage.	Friday 2 - 4 p.m.	Dr. H.I.L. Hall
I.W.C. Merchant Taylor Further Education Centre, Ashwell	3rd Friday 2 - 4 p.m.	Dr. S.J. Moynihan
I.W.C. Barkway (Mobile)	2nd Monday 10.0 a.m. to midday	Dr. D.M. Batty
I.W.C. Baptists' School Room, Breachwood Green	2nd Thursday 2 - 4 p.m.	Dr. D.M. Batty
I.W.C. Cockenhoe (Mobile)	3rd Wednesday 10.0 a.m. to midday	Dr. D.M. Batty
I.W.C., W.I. Hut, High Street, Codicote	2nd Thursday 2 - 4 p.m.	Dr. D.M. Batty
I.W.C. Holwell (Mobile)	1st Monday 10.0 a.m. to midday	Dr. D.M. Batty
I.W.C. Memorial Hall, Hall Lane, Kimpton	4th Monday 2 - 4 p.m.	Dr. D.M. Batty

I.W.C. Ickleford (Mobile)	3rd Wednesday 2 - 4 p.m..	Dr.D.M. Batty
I.W.C. Village Hall, Great Offley	1st Thursday 2 - 4 p.m.	Dr. D.M. Batty
I.W.C. Sandon (Mobile)	1st Wednesday 10 a.m. - midday	Dr. D.M. Batty
I.W.C. Weston (Mobile)	1st Friday 10 a.m. - midday	Dr. S.J. Moynihan
I.W.C. Whitwell (Mobile)	4th Thursday 2 - 4 p.m.	Dr. D.M. Batty

Clinic	Children Born in 1966	Children Born in 1965	Children Born in 1961 - 1964	No. of Attendances
Baldock	104	108	245	1,704
Hitchin	469	441	532	5,752
Letchworth	443	316	334	6,462
Royston	144	150	120	1,909
Stevenage	1,143	976	837	16,495
Hitchin Rural	269	281	333	3,518
TOTAL	2,572	2,272	2,401	35,840

Attendances at infant welfare clinics continue to increase and reflect the general need for such local health authority provision. The large number of clinics which are required over an area often rural in nature, impose a burden on staffing due to the increasing difficulties in the recruitment of medical and nursing staffs.

Attendances at clinics are kept constantly under review in certain areas in order that where a need is not being met changes can be made. In general, clinics provide facilities for routine examinations at varying ages and for immunisation and vaccination. Sessions are held for antenatal and instruction purposes.

The recommended range of proprietary foods is on sale. I am indebted to the W.R.V.S. and other voluntary helpers for their services in this respect.

No new clinics were completed during the year. A new mini-clinic or school annexe will be completed in Letchworth in 1967 and will be used until a multi-purpose clinic is built on the Jackman's Estate. This will provide accommodation for three general practitioners in addition to the full range of local health authority services.

It is not expected that in normal circumstances new clinics solely for health authority use will be erected. New clinic building will most probably include provision for general practitioners. The objections among the latter to the concept of health centres have now diminished, and the tendency over the whole country is to the grouping of all community health services.

PREMATURE INFANTS:

A premature infant is one which weighs $5\frac{1}{2}$ lb. or less at birth. Observations on the risks of prematurity are included elsewhere in the discussion on divisional vital statistics.

There were 126 premature births in the division, seven were twins, 14 were stillborn. 15% were born at home and 85% in hospital. 9 premature babies died in the first four weeks of life, 8 in hospital.

PREMATURE INFANTS BORN IN 1966

District	Born Alive			Stillbirths			Died under 28 days			No. who survived 28 days			
	At home	In Hosp.	Total	At Home	In Hosp.	Total	No. removed to hosp. after Birth	At Home	In Hosp.	Total	Born at Home	Born in Hosp.	Total
Baldock	2	1	3	1	0	1	0	0	0	0	2	1	3
Hitchin	5	2 twins 19	26	1	2	3	0	0	2	2	5	19	24
Letchworth	5	16	21	0	3	3	1	1	0	1	4	16	20
Royston	0	3 twins 9	11	0	1	1	0	0	1	1	0	10	10
Stevenage	10	1 twin 44	55	0	6	6	2	0	4	4	10	41	51
Hitchin Rural	0	1 twin 18	19	0	0	0	0	0	1	1	0	18	18
TOTALS	22	113	135	2	12	14	3	1	8	9	21	105	126

CARE OF THE UNMARRIED MOTHER AND CHILD

AGE INCIDENCE:

(1) Age 15 - 19	..	..	..	..	..	..	..	32
(2) Age 20 - 24	..	..	..	..	..	..	..	17
(3) Age 25 - 29	..	..	..	..	..	..	..	5
(4) Age 30 - 39	..	..	..	..	..	..	..	5
(5) Age 40 and over	..	..	..	..	..	..	..	2

A total of 177 illegitimate births were in fact notified by the Registrar General during 1966.

DAY NURSERIES

Section 22 of the National Health Service Act of 1946 empowers local authorities to provide or aid the provision of day nurseries for children under five. Parents are expected to make payments according to their means. The Nurseries and Child Minders Regulation Act of 1948 authorises the keeping of registers of day nurseries and their supervision by local health authorities. Admission of children to this single day nursery in the division have to be carefully regulated and certain categories for admission have been established, these categories are as follows:-

children of widows or widowers

children of unmarried mothers

children of deserted wives or husbands

children of parents in prison

children of parents suffering from chronic illness or disablement.

temporary cases, for example, mother's illness or confinement..

children recommended by doctor or health visitor for temporary help.

children of parents coming within the "Essential Services" categories; for example, teachers and nurses, (Local Committee Members' approval required)

children living in bad housing conditions.

children of families where there was a risk of break-up in family.

The Noel Day Nursery has places for forty children and the average daily attendance throughout the year was thirty-five.

M I D W I F E R Y - S E C T I O N 2 3

Thirty-nine midwives, thirty-two part-time, were employed in the divisional area at 31st December, 1966. It is gratifying, in view of the national shortage of practicing midwives, to know that midwives can be recruited and retained in this area. The average number of confinements attended by each midwife during 1966 was thirty-one. All midwives are authorised to use their private motor cars on official business and the County Council in common with other local authorities operate an assisted car purchase scheme for staff classified as "essential users".

Post graduate courses were arranged for those members of the staff who were required to attend in accordance with Section G of the Rules of the Central Midwives Board, six midwives attended these courses.

All midwives are provided with Gas and Air apparatus, or Trilene if specially required. Gas and air is being gradually replaced by Entonex - gas and oxygen.

Of the 2,833 live and still births in the division during 1966, the district midwives delivered 1,113 babies. 44% of all deliveries, therefore, were domiciliary. The Cranbrook Committee in its report on the Maternity Services recommended that provision should be made for 70% of all mothers to be confined in hospital. Midwives also attended 245 mothers who were discharged from hospital within 48 hours. 1,132 were discharged from hospital after this period. The proportion of early discharges was 21%. This figure would appear to be abnormally high. The Annual Report of the Chief Medical Officer of the Ministry of Health for 1965 reported that 9.8% mothers in this Regional Hospital Board Area were discharged within 48 hours. Only the Sheffield Regional Hospital Board approached the North Herts Area percentage of early discharges with 19 per cent. The 1966 percentages will be of interest.

DOMICILIARY MIDWIFERY

<u>ANTE-NATAL</u>							
Visits to Expectant Mothers	..	..	..	..			13,113
Home Condition Reports for Hospital			..	..			471
Ante-Natal Session - Local Authority			..	..			156
Ante-Natal Session - General Practitioner					..		821
Deliveries - Home	..	..	..	..	..	..	1,113
Total. Live and Still Births	..	..	..	..			2,490
Percentage Home Confinements	..	..	..	..			44%
<u>EARLY HOSPITAL DISCHARGES</u>							
Within 48 hours	..	..	..	..	..	..	245
After 48 hours	..	..	..	..	..	..	1,132
Percentage Early Discharges	..	..	..	..			21%

HEALTH VISITING - SECTION 24

The attachment of all health visitors together with district nurses and midwives to general practitioners was completed during 1966.

The attachment is intended to increase the efficiency of both local health authority and family doctor services. The scheme is on the whole working satisfactorily and I append typical comments from health visitors.

" I find these meetings useful in that I have got to know the doctors personally instead of just as a voice over the telephone. In general I find that family doctor liaison has made little difference in my day to day visiting. I think that the benefits from family doctor liaison will be more apparent in the next few years." .

" We feel that this liaison is essential and that it is working quite well. We have found no difficulty in covering the visiting because the doctors confine their practice to the immediate area.".

" In this group practice with three doctors, I find it impossible to visit adequately all the families on the list. I still feel a special tie with the small area I visited before the attachment, and tend to feel that I am wasting my time travelling longer distances, especially if the person in question is out when I get there. I also find in these three areas that I know nobody and nobody knows me. In school work we shall soon find that we no longer know all the children and their home backgrounds".

" Doctors are more approachable and are getting to know us better. We do not however know the people the same ; with a block area you know everyone and if anything unusual happens you are aware of it. We cannot keep track of the floating population".

" Local authorities and general practitioners services are now brought closer together to the mutual advantage of the doctors, health visitors and above all the patient. The general public are increasingly aware of the co-operation between general practitioners and health visitor and from the health visitors point of view work is more interesting. The doctors with whom

I work find the liaison to their advantage. I have less time to give to routine visits. I have a larger area of ground to cover and visits have become more selective. ".

"More understanding between doctor and health visitor and so better help is given to people. More spread out area and ineffective visits are very time consuming".

The attitude appears to be generally favourable. The most common fear expressed by health visitors before attachment was that less would be known about a particular school than before. Some also found problems in getting to know new families and in passing on their old ones to new health visitors. In particular cases, more travel was involved and less visits could be carried out.

HEALTH VISITING

Child Welfare	- Visits	38,621
Aged	- Visits	2,532
Others	- Visits	7,461
School Inspections	- Sessions	1,645
Maternity & Child Welfare - Sessions		2,297
Others	- Sessions	6,493

The staff of the home nursing service in the division at 31st December, 1966 consisted of 39 full-time nurses and 33 part-time. The staff who are able to drive cars are either authorised to use their own vehicles on official business or have been provided with County owned motor vehicles.

The home nurses and health visitors are often instrumental in arranging financial relief for patients through such agencies as the National Society for Cancer Relief and the Marie Curie Fund. One patient was helped by the latter in 1966 and all of the others were referred to the National Society for Cancer Relief whilst in hospital. I am grateful for the help which we receive from these voluntary organisations.

A Night Nursing Service has been established, and two state enrolled nurses have been employed for this purpose. The strain experienced by relatives in nursing terminal illnesses can be relieved by the provision of a nurse. 17 patients were attended in 1966 and a total of 71 visits were paid.

The following are statistics relating to the work of the home nurses in 1966. It will be seen that they made 45,308 visits to 1,949 patients. Nearly half of the patients nursed were aged 65 or over and they were visited on 32,580 occasions. 72% of all visits were, therefore, made to this age group. The over-whelming proportion of the work of the district nurse is now concerned with the over 65s and this is reflected in the increasing proportion of local authority costs for this age group. This disproportionate expenditure will continue to rise as the number of aged increases.

HOME NURSING

Classification	No. of cases attended	No. of visits made
Medical	1,437	38,266
Surgical	464	6,933
Tuberculosis .. .	2	48
Other	46	61
TOTALS	1,949	45,308
Patients included above who were aged 65 or over	933	32,580
Children included above who were under 5 or less	50	403
G.P. Surgery	Sessions	843
G.P. Surgery	Treatments	1,749

SMALLPOX VACCINATION.

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-1950		TOTAL		
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	F	B	P	B	P	B			
Baldock U.D.C.	-	-	28	-	3	-	5	1	-	2	-	3	-	5	4	-	7	1	2	1	2	1	2	6	17	49	43
Hitchin U.D.C.	41	-	142	-	42	-	14	-	8	2	3	5	-	-	4	2	1	3	1	3	1	4	2	15	256	37	
Letchworth U.D.C.	6	-	384	-	40	2	22	2	10	2	10	-	1	1	2	3	7	2	3	-	2	4	16	482	37		
Royston U.D.C.	4	-	63	-	17	-	9	-	3	-	1	-	-	-	-	-	-	-	1	-	-	-	-	2	94	6	
Stevenage U.D.C.	17	-	541	-	160	-	80	3	26	11	11	14	9	16	7	19	4	20	10	21	3	15	26	94	894	214	
Hitchin R.D.C.	10	-	68	-	24	-	7	-	2	-	-	-	-	-	-	-	-	-	-	1	-	4	-	116	-	-	
TOTAL:	78	-	1226	-	286	2	137	6	46	20	25	22	10	22	12	29	9	38	14	30	6	24	42	144	1891	337	

DIPHTHERIA, WHOOPING COUGH, TETANUS IMMUNISATION:

TRIPLE

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-1950		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	42	-	62	27	1	39	-	5	1	2	-	1	2	9	-	-	-	-	-	-	-	-	-	-	108	83
Hitchin U.D.C.	207	-	197	107	8	85	6	11	4	10	7	70	3	18	-	7	-	4	-	4	1	2	1	-	434	318
Letchworth U.D.C.	164	-	200	96	13	142	12	16	2	5	1	28	2	1	1	3	1	1	-	-	-	-	1	-	397	292
Royston U.D.C.	81	-	73	27	3	54	3	5	4	3	1	21	-	4	-	1	-	-	-	-	-	-	-	-	165	115
Stevenage U.D.C.	547	-	622	271	32	397	16	24	11	25	8	254	3	45	3	17	-	9	2	6	1	4	2	2	1247	1054
Hitchin R.D.C.	59	-	83	36	14	43	1	9	1	9	-	30	1	8	-	3	-	4	-	1	-	-	-	-	159	143
TOTAL:	1100	-	1237	564	71	760	38	70	23	54	17	404	11	85	4	31	1	18	2	11	2	6	4	2	2510	2005

Note:

No cases of diphtheria have been reported for some time. It is of the utmost importance that immunity to these diseases should be maintained at a high level.

DIPHTHERIA & TETANUS IMMUNISATION:

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-1950		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	-	-	2	5	1	5	3	1	1	8	3	72	-	22	5	7	-	2	2	2	-	4	-	3	17	135
Hitchin U.D.C.	11	-	9	14	2	22	2	2	1	5	2	120	8	32	6	7	4	7	1	9	1	-	3	50	221	
Letchworth U.D.C.	-	-	2	16	2	6	2	4	3	7	-	238	1	69	1	16	1	9	2	11	1	2	5	20	383	
Royston U.D.C.	-	-	7	17	1	6	3	-	1	6	2	63	-	5	2	2	1	1	1	1	2	-	1	21	102	
Stevenage U.D.C.	13	-	26	18	2	29	8	11	7	25	7	405	3	106	3	28	1	18	1	8	2	4	3	2	76	654
Hitchin I.D.C.	-	-	7	-	1	6	2	-	2	6	-	63	3	17	-	4	1	2	1	1	1	1	1	1	18	161
TOTAL:	24	-	53	70	9	78	20	18	15	57	14	961	15	251	17	64	7	39	8	32	7	11	13	15	202	1596

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-1950		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	4	2	-	1	-	1	-	-	2	-	7	6
Hitchin U.D.C.	-	-	-	-	-	-	-	-	-	1	-	2	3	-	3	2	3	1	3	1	1	-	-	1	13	8
Letchworth U.D.C.	-	-	-	-	1	1	1	-	1	1	1	3	2	3	4	12	3	3	1	6	4	4	18	11	36	44
Royston U.D.C.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	14	6	15	6
Stevenage U.D.C.	-	-	-	-	-	-	1	-	-	-	1	1	2	4	6	6	6	2	3	-	-	-	4	3	21	15
Hitchin R.D.C.	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	1	-	-	1	-	3	-	4	5
TOTAL:	-	-	-	-	1	1	1	1	1	2	2	6	7	9	17	24	13	8	7	8	6	4	41	21	96	84

FOLIOMYELITIS VACCINATION:

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-1950		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	F	B	F	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	37	-	75	3	6	-	7	-	3	-	2	69	-	25	1	4	1	5	-	13	-	2	-	5	132	126
Hitchin U.D.C.	127	-	332	24	51	8	22	4	12	14	21	172	12	39	4	20	5	22	4	15	3	4	3	8	596	330
Letchworth U.D.C.	163	-	245	7	41	4	13	5	10	23	7	211	6	78	2	16	2	29	1	22	-	7	15	95	505	501
Royston U.D.C.	27	-	89	2	12	8	2	-	5	4	3	74	1	12	-	5	1	2	-	2	-	-	-	2	140	111
Stevenage U.D.C.	358	-	904	39	139	15	61	7	56	42	30	571	30	159	12	40	9	80	2	45	4	14	5	31	1610	11043
Hitchin R.D.C.	64	-	148	2	22	4	11	-	7	4	9	84	14	33	1	10	6	14	1	5	1	1	3	6	287	163
TOTAL:	776	-	1793	77	271	39	116	20	93	87	72	1181	63	346	20	95	24	152	8	102	8	28	26	147	3270	2274
<u>SALIK</u> Hitchin U.D.C.	-	-	15	-	9	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	25	-
<u>QUAD</u> Letchworth U.D.C. TOTAL:	-	-	7	1	2	2	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	10	5

POLIOMYELITIS VACCINATION:

Vaccination against poliomyelitis is now performed almost entirely by the use of Sabin oral vaccine. The old Salk vaccine given by injection should be discontinued. Three doses of vaccine by mouth are now given in the first year of life, followed by a booster dose at the age of three years.

The vaccination rate in this division is satisfactory and approaches the national average of 65%.

Since the use of vaccines, deaths from poliomyelitis have been remarkably reduced. In 1965 only three deaths occurred from this cause and none had been vaccinated. This represented the lowest mortality yet recorded.

AMBULANCE SERVICE - SECTION 27

No. of patients conveyed .....	.....	62,746
No. of journeys ... ..	.....	18,066
Total mileage .....	.....	442,946
<u>DETAILS OF JOURNEYS:</u>		
Accidents .....	.....	1,596
Sudden Illness .....	.....	487
Removals .....	.....	59,997
Maternity .....	.....	666
TOTAL .....	.....	62,746

The divisional area is served by the County Ambulance Station at St. George's Way, Stevenage. The Area Supervisor is Mr. Sweetman who has kindly supplied the above statistics.

P R E V E N T I O N O F I L L N E S S
C A R E A N D A F T E R C A R E
S E C T I O N 2 8

Nursing Equipment in the Home:

Issue of various forms of nursing equipment were made in 1966. These items included back rests, bedpans, urinals, and bed blocks.

A small stock of smaller items of equipment is stored at the Divisional Health Centre and the larger items are stored at County Hall.

Every use is made of disposable items of equipment such as incontinence sheets and pants for incontinent patients and plastic syringes and disposable needles.

Enuresis alarms are made available for use with children who are habitual bed-wetters on medical recommendation.

CHEST CLINIC

<u>HEALTH VISITING</u>	
Tuberculosis Households - Visits	584
B.C.G. Follow Up - Visits	95
Contacts - Visits	273
Non-Tuberculosis - Visits	246

Tuberculosis After-care:

The divisional area is served by the chest physician, Dr. N. MacDonald. Excellent co-operation is maintained

Miss McArthur, the tuberculosis health visitor, attends the chest clinic. The tuberculosis health visitor is concerned with arrangements for after-care and the resolution of any problems experienced by patients on their discharge from hospital. A particularly important duty of the health visitor is the tracing and visiting of contacts. Such contacts are encouraged to visit the chest physician as a precautionary measure. There were 134 contacts traced by the health visitor.

Details of the routine skin testing and B.C.G. vaccination programme are given in the School Health Service report.

All school children aged 12 - 13 years are now offered this protection in the division. All negative reactors receive a protective vaccine against tuberculosis and those children who show a marked reaction to the skin are referred for investigation to the Chest Clinic.

I am indebted to Dr. McDonald the Chest Physician for his help in this service during the year.

CYTOLOGY CLINIC

"WELL WOMAN" CLINIC - FROM AUGUST TO DECEMBER 1966

HITCHIN - 2nd and 4th Wednesdays A.M.
LETCHWORTH - 1st and 3rd Tuesdays A.M.
STEVENAGE - Thursday A.M. & Friday P.M.

NUMBER OF WOMEN ATTENDED:	HITCHIN	91
	LETCHWORTH	106
	STEVENAGE	248
TOTAL:		<u>445</u>
RESULTS OF TESTS:	(a) Negative	433
	(b) For retest	12
	(c) Subsequent attendances	12
RESULTS OF RE-TESTS	Negative	12

CHIROPODY.

SUMMARY OF TREATMENTS:

District	No. of Patients Treated			Approximate Treatments per Year.
	Domiciliary	Non- Domiciliary	TOTAL	
Baldock	33	72	105	735
Hitchin	148	164	312	2,184
Letchworth	67	219	286	2,002
Royston	47	62	109	763
Stevenage	139	204	343	2,401
Hitchin Rural	136	148	284	1,988
TOTALS:	570	869	1,439	10,073

39% of patients were treated at home.

MEALS ON WHEELS:

Meals on Wheels Services were in operation in all parts of the division in 1966. Under the provisions of the scheme meals are provided to people suffering from malnutrition or who are unable to cook their own meals due to disability or infirmity.

District	No. of Persons	Frequency	Total Meals
Baldock	11 - 18	Twice weekly.	1,433
Hitchin	50	Three times weekly	150 per week
Letchworth	50	Twice weekly	2,673
Royston	29	Twice weekly	1,491
Stevenage	55 - 62	Three times weekly	5,951
Hitchin Rural	59	Each day	3,729
TOTALS:	268		15,417

NATIONAL ASSISTANCE ACT 1948 - SECTION 47.

This section of the Act is concerned with the compulsory removal of persons in need of care from their homes on a Court Order, or in emergency on an Order signed by two medical practitioners and a Justice of the Peace. Such a person may be removed to a County Home or hospital provided that all Sections of the Act are satisfied.

It was not necessary to take any action under this Section in 1966.

HEALTH EDUCATION:

Health Education is a transfer of what is known about health; it is the attainment of desirable individual and community behaviour patterns by means of the education process. The basic needs of a health education problem may be summarised as; obtaining the basic information, the recognition of the need for a change in the behaviour of the individual and the knowledge of the means for carrying this out by education methods. This may be compared with the teachings of Buddha whose thesis was as follows, "unhappiness exists in the world, a cause for this exists, the cause is removable, by what means can this cause be removed". It is important in any health education programme to consider the health needs and the characteristics of the people for whom the programme is intended; many programmes have failed because of this lack of fundamental understanding.

In general, health education in the public health field is carried out in the following ways:-

(1) Individual teaching by physicians etc.

The patient is most receptive at the time of illness. By general practitioners and local health authority staffs.

(2) Group teaching.

For example in maternity and child welfare, village groups, civic organisations and hospitals.

(3) Health information services.

This is perhaps the most common method and employs films, newspapers, the B.B.C., pamphlets etc.

It is most important that these services should be suitable for the particular audience. A useful aphorism for all those concerned in health education problems is:

"If I hear it I forget, if I see it I remember, if I do it, I know".

The health education programme in this division includes the teaching of mothercraft and general hygiene to many of the Secondary Modern, Comprehensive and Grammar Schools. Relaxation classes are especially valuable for the special teaching of expectant mothers. Health education is a routine part of the work at all Infant Welfare Clinics.

A total of 37 teaching classes were held in the division in 1966. Talks on the following subjects were given in various schools, both junior and senior; personal hygiene, mothercraft, home safety, first aid and minor ailments, Film strips; Film slides, flannel graphs, posters and leaflets were used. In one area of the division talks are given to the parents by the health visitors while the children are awaiting medical inspections. An experimental syllabus was arranged at one junior school and included under the general heading "rules of health", care of eyes, teeth, skin and hair; need for fresh air and exercise; the value of adequate rest and a good diet. Personal hygiene was stressed, and talks on menstrual hygiene were given to the mothers and girls. The age groups involved were the two top classes of eleven year old boys and girls.

No specific health education campaigns were undertaken during 1966.

DOMESTIC HELP SERVICE - SECTION 29

Number of Home Helps employed at 31.12.66 part-time 54

Number of Good Neighbours employed at 31.12.66 part-time 14

GROUPS RECEIVING ASSISTANCE:

	No. of Cases	No. of hours given
(1) Maternity (including expectant mothers)	109	2,656
(2) Chronic Sick		
(a) aged 65 plus	363	35,716
(b) aged under 65 and T.B.	49	
(3) Others	39	
Including		
(a) Mental Health		50
(b) Tuberculosis		43
(c) Blind		3,891
(d) Miscellaneous		92
Acute Cases		614
Accidents		259
TOTALS	560	43,321

65% of cases helped during 1966 were over 65 and 82% of total hours given was to this group. In contrast 20% of cases were maternity absorbing only 6% of total hours.

These figures represent a nationally well marked and unavoidable trend.

It should be remembered that the domestic help service began in 1918 for maternity cases and was extended during 1939-1945 war to include the old and chronic sick. Its purpose however was still mainly directed to the care of the mother and child. Over the country as a whole today 92% of the service is devoted to the care of the aged; and since 1949 the amount of help given to mothers has proportionately decreased. Constant price expenditure on the care of the latter has actually fallen in spite of an increase of 17% in the number of births each year.

The total cost of the domestic help service has increased by 305% since 1949 and is surpassed only by the increase in the cost of mental health (423%). This is due to the very great increase in the total number of part-time home helps, the number of whole-time helps having decreased. Such an increase is the more remarkable because of the purely permissive character of this local health authority function and demonstrates the direction in which local health services are being obliged to develop. A recent survey, for example, has suggested that the needs of the aged are not being fully met.

In our natural sympathy for old people, however, we should not forget the importance of mothers and young children to the future; nor should we attempt to replace the family and thus endanger it as a social unit.

The number of domestic helps employed in this division is clearly inadequate (54). Recruitment is extremely difficult owing to the ready availability of employment for women in this area.

The Home Help organisation constantly endeavours to attract women to the service.

SCHOOL HEALTH SERVICE

During the sixty years of its existence the school health service has undergone many changes of emphasis. The Education Act of 1907 empowered Education Authorities to provide medical care for school children. This Act followed the work of an inter-departmental Committee of Physical Deterioration which sat in 1903. The disclosures of the Army Recruiting Office during the Second Boer War had revealed that 48% to 60% of all recruits were physically unfit for army service. The years that followed the passing of this Education Act included the treatment of minor ailments and defects, the improvement of nutrition and the care of all types of handicapped children. The Royal Commission in 1889 had recommended that "feeble minded children" who were capable of receiving education, should be taught separately from the more normal pupils and by 1899 the Elementary Education (defective and epileptic children) Act made it obligatory for all such children to be examined and assessed by a medical officer as to their suitability for education at an ordinary or special school.

The various education, mental deficiency and mental health acts which have followed the first acts have not substantially altered the principles under which the school health service works. One of the more remarkable changes during the long existence of the school health service has been the almost total disappearance of nutritional diseases. Under-nutrition has ceased to be a problem and obesity has taken its place. Most would agree that the cause of obesity in childhood is overeating by those children with a familial or hereditary tendency to store fat. In many areas it is quite clear that many children are eating two large cooked meals a day and this practice is harmful to those children with a tendency to put on weight.

The number of speech defects treated during the year continued to increase. Most were slight or moderately severe but a minority had severe speech defects. The general shortage of speech therapists over the whole country was reflected in this division when for some little time a vacancy was not filled.

The main problems with which the division had to deal during the year were emotional and behavioural disturbances, speech and learning difficulties, respiratory disorders, epilepsy and various types of physical handicap. The infectious diseases which in the past caused the deaths of so many children are no longer a problem. It is interesting in the special schools to note the increase in the number of spina bifida cases. This would appear to be due to the survival of more babies with this condition due to modern surgical techniques.

The number of pregnancies among school girls in the division, although small, should be recorded. It should be remembered that whatever the social implications of such occurrences; from a medical point of view, pregnancy in girls of fifteen or less is attended by some risk. During the years 1961 to 1963, four maternal deaths occurred in girls of this age group among 3,211 pregnancies.

SCHOOL HEALTH SERVICE.

TABLE I						
<u>Inspection of School Children 1966:</u>						
Entrants including 8 year olds	..	..	..	..		5,418
First Year Secondary	..	..	..	..	..	2,085
Last Year Secondary	..	..	..	..	..	1,678
TOTAL						9,181
No. of Special Inspections	..	..	..	..		114
No. of Re-inspections	..	..	..	..		5,297
TOTAL						5,411
Total Inspection						14,592
<u>Physical Condition of Pupils Inspected:</u>						
Satisfactory	..	..	..	..		9,138
Found to require treatment	..	..	..	..		43
Percentage	..	..	..	..		.5%

The percentage of children, 0.5%, found to require treatment is most satisfactory. It is, however, slightly above the national average. The difference, however, is not significant. This percentage is really quite remarkable. It reflects the improved economic and social circumstances of the country as a whole.

TABLE II

Cleanliness and Head Infestation:

Total No. examinations made for this purpose	50,545
Total No. found infested	80
Total percentage found infested	.16%

TABLE III

Care of Handicapped Children:

Whitney Wood School - E.S.N.	162 (97 boys 65 girls)
Residential School - E.S.N.	40
Residential School - Deaf or Partially Deaf	13
Residential School - Deaf E.S.N.	-
Residential School - Blind	6
Residential School - Partially sighted ..	8
Residential School - Delicate	5
Residential School - Cerebral Palsy ..	-
Residential School - Physically Handicapped excluding Cerebral Palsy	15
Residential School - Epileptic	2
Residential School - Maladjusted	12
Mossbury Infants Special Class for partially deaf.	2 girls 3 boys 2 girls
Mossbury J.M. Special Class for partially deaf.	
TOTAL	

Note: Table II The percentage of children found infested was very low indeed; only 80 children out of 50,000 examined for this purpose were found to be infested with pediculosis capitis is extraordinary. It is apparent that different methods of recording infestation are being carried out; the standard that one nit constitutes an infestation is clearly not accepted by all health visitors.

TABLE IV.

B.C.G. vaccination 13 years and older school children:

No. of children offered testing and vaccination if necessary	2,133
No. of acceptances	1,640
Percentage of acceptance	76.9%
Pre-vaccination Tuberculin Test	
No. Tested	1,562
Result of Test	
No. Positive.. .. .	119
No. Negative.. .. .	1,443
No. Not ascertained	88
Percentage Positive	7.3%
No. Vaccinated	1,391

Note:

The percentage of children Heaf negative is higher than the national average. The percentage of acceptances is also satisfactory; no adverse reactions to B.C.G. Vaccination were reported during the year.

AUDIOMETRY

TABLE V.

Number tested	..	..	..	..	618
Number with no loss	..	..	..		256

The Consultant Paediatrician for the area, Dr. C.G. Fagg, is always available for consultation and I am indebted to him for his help during the year.

Drs. Roper and Gabriel have played a large part in the School Health Service and I am grateful to them also.

HOSPITAL SERVICES.

The hospital services for the area are administered by the North West Metropolitan Regional Hospital Board with the Luton and Hitchin Hospital Management Committee.

GENERAL HOSPITAL SERVICES:

North Herts. Hospital
Lister Hospital.

MATERNITY HOSPITAL SERVICES:

North Herts. Maternity Hospital

CHEST CLINIC:

Lister Hospital.

LABORATORY SERVICES:

Public Health Laboratory,
Luton & Dunstable Hospital,
Lewsey Road,
Luton.

Public Health Laboratory,
Tennis Court Road,
Cambridge.

CHILD GUIDANCE CLINIC

New cases referred.....118

Psychiatric Interviews.....419

School Psychological..... 94

Psychiatric Social Workers
 (Home visits and Clinic Interviews).....830

SECTION C, D & E HAVE BEEN COMPILED BY THE PUBLIC HEALTH INSPECTOR.

SECTION C. SANITARY CIRCUMSTANCES OF THE AREA.

(1) Water Supply

Once again sampling from the pumping stations supplying the town have shown that the Lee Valley Water Company have provided water of excellent quality and quantity. 103 bacteriological and 3 chemical samples taken during the year were all reported as conforming to the standards of purity suitable for public supply.

Direct piped supply is provided to all premises in the district, and there is no evidence of plumbo-solvency. The average fluoride content is less than 0.02 parts per million.

(2) Sewerage and Sewage Disposal

The town is served by a main sewerage system, into which all but three premises are connected, two of which have septic tanks and the other a cesspool.

No new sewer was laid during the year.

(3) Public Cleansing

It has again been possible to maintain the weekly collection of refuse, and there have been no cases of refuse being dumped to cause a nuisance.

(4) Swimming Pool

Local schoolchildren continue to find this privately-owned pool of great benefit, and regular sampling continues to show that the chlorination treatment of the water has been satisfactory.

(5) Paddling Pool

Regular weekly treatment of the water in this well-patronised amenity has kept the pool continually available for use during the summer months.

(6) Rodent and Pest Control

Our contractors have given excellent service during the year, and all work has been carried out very expeditiously.

The following work was carried out:-

Total rodent infestations found	211
Total rodent treatments carried out	227
Total inspection made	295
Wasps nests destroyed	15
Other infestations treated	14

(7) Sanitary Inspection of the Area (other than dwellinghouses and food premises)

- | | |
|---|----|
| (a) Number of inspections carried out under the
Factories Act | 19 |
| (b) Number of inspections carried out in connection
with drainage and sewerage | 29 |
| (c) Number of inspections carried out in connection
with water supply and sampling | 27 |
| (d) Miscellaneous inspections | 58 |
| (e) Number of nuisances investigated and dealt with | 39 |
| (f) Number of investigations regarding infectious
disease | 17 |
| (g) Petroleum Act inspections. | 31 |

(8) Factories and Workplaces

Routine inspections were made of 19 of the 34 factories, when minor contraventions which were found were dealt with informally.

(9) Air Pollution

Boiler house chimneys have been observed for contraventions of the Clean Air Act, 1956, and some minor emissions of dark smoke have been found, which have been rectified after an informal approach and advice has been given. There are three oil-fired boilers in the area.

(10) Offices, Shops and Railway Premises Act, 1963.

The following work was carried out during the year for the implementation of the provisions of the Act in the 77 registered premises.

Number of general inspections	14
Number of contraventions found	16
Number of accidents investigated	1

SECTION D

HOUSING

On the 31st December 1966 the number of applications on the Council's waiting list for housing accommodation was 170, being an increase of 3 over the previous year's total of 167.

During 1966, 51 applications were registered, 17 applicants housed and 31 applications cancelled.

The number of private dwellings provided by new construction during the year was 16.

15 flats were occupied on the Tene, having been constructed for the Council as Stage I of the re-development of this estate.

No applications for Standard Grants were received.

Caravans

The total number of caravans in the district at the end of 1966 was 93, which were all stationed on the approved sites at Limekiln Lane.

Common Lodging Houses

There are no common lodging houses in the district.

Houses in Multiple Occupation

No action was taken during the year to implement the Housing Regulations 1962.

Inspection of Dwelling Houses during the Year.

(1) Number of dwelling houses inspected under the Houses and Public Health Acts	61
(2) Number of dwelling houses found to be unfit for human habitation	37
(3) Number of dwelling houses in which defects were remedied by owners	33
(4) Number of dwelling houses the subject of Closing or demolition orders	1
(5) Number of filthy or verminous houses	Nil

SECTION EINSPECTION AND SUPERVISION OF FOOD

- (1) In the absence of any special Clean Food Campaign, the opportunity has been taken at the time of routine inspections, to give advice and guidance to persons employed in food shops and food preparing premises, and cooperation has been forthcoming from the traders of Baldoock in displaying posters emphasising the importance of hygiene in the home as well as in shops.
- (2) The types of food premises subject to the Food Hygiene Regulations are as follows:

Class of Premises	Number	Number fitted to comply with		Number to which Reg.19 applies
		Reg. 16	Reg.19	
Butchers	5 5	5	5	5
Cafes & Snack Bars	8	8	8	8
Bakers & Confectioners	4	4	4	4
Fishmongers	2	2	2	2
Greengrocers & Fruiterers	4	4	4	4
Bakehouses	2	2	2	2
Canteens	3	3	3	3
Public Houses	16	16	7	7
Off-licences	2	2	1	1
Grocers & Provision Merchants	9	9	5	5

- (3) Premises registered under Section 16 of the Food and Drugs Act 1955:

Storage and sale of ice-cream	16
Manufacture of meat products	4

- (4) There are no slaughterhouses in the district.
- (5) No food poisoning cases were reported during the year.
- (6) There are eight registered dealers in milk.
- (7) There are no poultry processing premises in the district.

Unsound Food

During the year, the following amounts of unsound food were surrendered for condemnation:

Tinned and fresh fish	49 lbs
Tinned fruit and vegetables	68 lbs
Tinned meat	4 lbs
other foods	3 lbs
Total	<u>1 cwt 12 lbs.</u>

FACTORIES ACT, 1961.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1966 FOR THE UREAN DISTRICT
OF BAIDOCK IN THE COUNTY OF HERTFORDSHIRE.

Prescribed Particulars on the Administration
of the Factories Act, 1961
Part 1 of the Act.

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities				
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	34	19		
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)				
Total	34	19		

2 - Cases in which DEFECTS were found
(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)					
Overcrowding (S.2)					
Unreasonable temperature (S.3)					
Inadequate ventilation (S.4)					

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Ineffective drainage of floors (S.6)					
Sanitary Conveniences (S.7)(a) Insufficient	1	1			
(b)Unsuitable or defective	3	3		1	
(c)Not separate for sexes					
Other offences against the Act (not including offences relating to Outwork)					
Total	4	4		1	

P A R T VIII OF THE ACT

Outwork
Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No of out- workers in August list required by Section 133, (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecu- tions for failure to supply lists	No. of instances of work in unwhole- some premises	Notices served	Prose- cutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing) Making apparel) etc.,) Cleaning) and) Washing	1	-	-	-	-	-
Household linen						
Lace, lace cur- tains and nets						
Curtains and furniture hang- ings						
Furniture and upholstery						
Electro-plate						
File making						
Brass and brass articles						
Fur pulling						
Iron and steel cables and chains						
Iron and Steel anchors and grapnels						
Cart gear						
Locks, latches and keys						
Umbrellas, etc.						
Artificial flowers						
Nets, other than wire nets						
Tents						
Sacks						
Racquet and tennis balls						

P A R T VIII OF THE ACT (Cont'd.)

Outwork
(Sections 133 and 134)

Nature of Work	Section 133		Section 134			
	No. of out-workers in August list required by Section 133(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecu- tions for failure to supply lists	No. of instances of work in unwhole- some premises	Notices served	Prose- cutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Paper bags						
The making of boxes or other receptacles or parts thereof made wholly or partially of paper						
Brush making						
Pea picking						
Feather sorting						
Carding, etc., of buttons etc.						
Stuffed toys						
Basket making						
Chocolates and sweetmeats						
Cosaques, Christmas stock- ings, etc.						
Textile weaving						
Lampshades						
TOTAL						

SECTION F

BALDOCK URBAN DISTRICT COUNCIL, YEAR ENDED 31st. DECEMBER, 1966.

PREVENTION AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Infectious Diseases (Corrected) Age Distribution

Diseases	Total Cases Notified	Cases After Correction	Under 1 year	1 -	2 -	3 -	4 -	5 - 9	10 - 14	15 - 24	25 - 44	45 - 64	65 and Over	Age Unknown
Whooping Cough	1	-	1	1	-	-	-	1	1	1	1	1	1	1
Measles	131	-	2	9	24	18	28	50	1	1	1	1	1	1
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	10	-	-	1	1	2	-	6	-	-	-	-	-	-
TOTALS	142	-	2	10	25	20	28	57	-	-	-	-	-	-

TUBERCULOSISBALDOCK

No. on Register at 31st. December, 1966.

	Males	Females	Total
Pulmonary	22	12	34
Non-Pulmonary	3	2	5
	25	14	39

No. Removed from Register
during 1966

	Pulmonary		Non-Pulmonary		Total
	M	F	M	F	
Deaths	1	2	-	-	3
Other (cured, re-diagnosed transfers of area etc.)	-	1	-	-	1
	1	3	-	-	4

Additions to Register
during 1966

	Pulmonary		Non-Pulmonary		Total
	M	F	M	F	
New Notifications	2	-	-	1	3
Other (cases restored to Register, transfers etc.)	-	-	-	-	-
	2	-	-	1	3

New Notifications.

	Pulmonary		Non-Pulmonary		Total
	M	F	M	F	
Age Groups					
5 - 9	-	-	-	-	-
15 - 19	1	-	-	-	1
35 - 44	-	-	-	-	-
55 - 64	-	-	-	1	1
65 - 74	1	-	-	-	1
	2	-	-	1	3

